

Personnel Department
Town Manager's Office
1204 Main Street
Holden, MA 01520
(508) 210-5501

APPLICATION FOR EMPLOYMENT

Date: _____

Name _____ Phone: Home _____
(Last) (First) (Middle) Business _____

Address _____
(Street) (City) (State) (Zip Code)

Position applying for _____ Pay Expected _____

Date Available _____ Check: _____ Permanent _____ Part Time
_____ Temporary _____ Full Time

List any relative working for the Town of Holden _____

Are you under the age of 18? ____yes ____no If yes, hire is subject to verification that you are of minimum legal age to work.

Are you a United States citizen or an alien authorized to work in the United States? ____yes ____no
If you are an alien, please state the type of visa which you hold. _____

An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances, or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in any cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Have you been convicted of a crime in the past ten years excluding misdemeanors and summary offense? ____yes ____no If yes, describe in full _____

The Town does not request that you respond to the above question in violation of Chapter 151B, Section 4(9) of the General Laws. Conviction of a crime is not an automatic bar to your employment. All circumstances will be considered by the Town. Lying or false answers with respect to convictions may be grounds not to hire you or to terminate your employment.

Do you have a driver's license? ____yes ____no What Class?_____

Has your license ever been revoked? ____yes ____no

UNDER MASSACHUSETTS LAW IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Military Service ____yes ____no

Branch _____ Reserve Status _____

From _____to _____Duties _____

EDUCATION WILL ONLY BE CONSIDERED WHEN RELATED TO THE PERFORMANCE OF THE JOB.

EDUCATION

Circle the highest

Grade completed 8 9 10 11 12 GED College 1 2 3 4
Graduate Work ____yes ____no

Types of School	Name and Address of School	Degree or Certificate	Major
High School			
College			
Graduate School			
Technical School			

List any correspondence courses, special courses, seminars, workshops, training, and skills acquired that might relate to this position. Please review the job description before answering this question _____

EMPLOYMENT HISTORY

List below all present and past employment. Begin with the most recent. (Attach resume if available)

May we contact the employers listed below? _____ If not, indicate by number which one(s) you do not wish us to contact. _____

1. Company Name and Address _____ From _____ To _____
_____ Wages Beginning _____ Ending _____
_____ Supervisor _____
_____ Reason for Leaving _____

Job Title and Duties: _____

2. Company Name and Address _____ From _____ To _____
_____ Wages Beginning _____ Ending _____
_____ Supervisor _____
_____ Reason for Leaving _____

Job Title and Duties: _____

3. Company Name and Address _____ From _____ To _____
_____ Wages Beginning _____ Ending _____
_____ Supervisor _____
_____ Reason for Leaving _____

Job Title and Duties: _____

4. Company Name and Address _____ From _____ To _____
_____ Wages Beginning _____ Ending _____
_____ Supervisor _____
_____ Reason for Leaving _____

Job Title and Duties: _____

VOLUNTEER EXPERIENCE
job experiences are volunteer.

Volunteer experience may be listed above. Please indicate which

READ CAREFULLY AND SIGN

I authorize investigation of all statements contained in this application. I understand that misrepresentative or omission of facts called for is cause for dismissal.

I understand that a physical examination may be required by the Town by a Town qualified physician.

I also understand that if accepted for employment, a one year probationary period applies before transferring to permanent status.

Applicant Signature _____

Date _____

* * * * *

CLERICAL POSITION APPLICANTS ONLY

Typing Ability ____yes ____no ____WPM

Shorthand Ability ____yes ____no ____WPM

List office equipment you can use efficiently _____

INTERVIEW INFORMATION

Interviewed by _____

Date_____Position_____Comments_____

Interviewed by _____

Date_____Position_____Comments_____

PERSONNEL USE ONLY

INTERVIEWED BY _____ DATE _____

STARTING DATE_____

STARTING WAGE _____

JOB TITLE_____

DEPARTMENT _____